

STATE CANCER

U.S. DEPARTMENT OF HEALTH
Public

STATE CANCER CONTROL PROGRAMS

**Selected information included in the State
Public Health Plans submitted by State Health
Departments for fiscal years 1954 and 1955**

**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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CONTENTS

	Page
Introductory Remarks.....	1
Summary of Major Health Needs and Administrative Problems Pertinent to State Cancer Control Programs.....	2
Abstracts of State Program Plans for Cancer Control grouped by HEW Regions:	
Region I..... (Conn., Me., Mass., N. H., R. I., Vt.)	3-4
Region II..... (Del., N. J., N. Y., Pa.)	5-6
Region III..... (D. C., Ky., Md., N. C., P. R., Va., V. I., W. Va.)	7-9
Region IV..... (Ala., Fla., Ga., Miss., S. C., Tenn.)	10-11
Region V..... (Ill., Ind., Mich., Ohio, Wis.)	12-13
Region VI..... (Iowa, Kans., Minn., Mo., Nebr., N. Dak., S. Dak.)	14-15
Region VII..... (Ark., La., N. Mex., Okla., Tex.)	16-17
Region VIII..... (Colo., Idaho, Mont., Utah, Wyo.)	18-19
Region IX..... (Alaska, Ariz., Calif., Hawaii, Nev., Oreg., Wash.)	20-21
Selected Administrative Data for State Cancer Control Programs.....	22-26

INTRODUCTORY REMARKS

Since the passage of the Federal Social Security Act of 1935, extending Federal grants-in-aid for health work, the submission of a plan of operations for carrying out public health programs has been required by regulation of all State agencies participating in grant programs administered by the Public Health Service. Beginning with fiscal year 1946, State agencies used preprinted schedules and a modified check system for completion of the schedules, combining the elements of a report and plan in one document--the Annual Combined Report and Plan. In 1952, major changes were made in the plan concept and provision for the submission of a new type plan document was instituted. Flexibility of presentation was encouraged. Narrative descriptions of program plans were requested with emphasis placed on planning on a program basis rather than on an organizational basis. In addition, the reporting element was eliminated and submission changed from annual to biennial frequency.

For fiscal year 1954, State health agencies had the choice of preparing a narrative description of the health agency's planned operations or the Annual Combined Report and Plan. Thirty-nine States used the narrative plan approach; the remaining 14 States prepared the Annual Combined Report and Plan. (The term "State" as used here refers equally to the District of Columbia, the territories of Alaska, Hawaii, Puerto Rico, and the Virgin Islands.) Thus, the period covered by the plans varied among the States. Plans prepared by the majority of the States, however, covered a two-year period beginning with fiscal year 1954.

Pertinent material on the program for cancer control contained in each State health department's plan has been abstracted to reflect in concise form the proposed elements as described by the responsible State officials. Because of wide differences in the method and organization of State plan presentations, the amount of detail included, and the extent to which the total health program was described--including participation by other State agencies and local agencies, the program abstracts are quite diverse, particularly with respect to specificity and the extent to which quantitative information is included.

In abstracting the plans, no attempt was made to evaluate program content and clarification of indistinct descriptions, interpretations, and editorial changes were kept to a minimum. In the plan abstracts for some States, items are included which were described as current operations; it was presumed that such functions were to be continued unless otherwise indicated.

As a part of the comprehensive public health plan and of individual program plans, States preparing narrative plans indicated the significant health needs and administrative problems pertinent to the total health program and to individual programs. Also, any specific plans for measuring progress and for evaluating the program were described. The needs and problems significant to the cancer control program as expressed by State program directors have been summarized, and the summary is presented preceding the abstracts.

The abstracts are arranged on a regional basis, conforming to the established Regions^{1/} of the Department of Health, Education, and Welfare, because of common problems existing among States located within specific regional areas and the analogy of State program development and direction.

In addition to the above, selected administrative information related to each State's cancer control program is shown in tabular form, arranged alphabetically by State. These data include placement of responsibility for cancer control in the health department and staff assigned to the program.

^{1/} The HEW Regions and constituent States are as follows:

Region I	- Conn., Me., Mass., N. H., R. I., Vt.
Region II	- Del., N. J., N. Y., Pa.
Region III	- D. C., Ky., Md., N. C., P. R., Va., V. I., W. Va.
Region IV	- Ala., Fla., Ga., Miss., S. C., Tenn.
Region V	- Ill., Ind., Mich., Ohio, Wis.
Region VI	- Iowa, Kans., Minn., Mo., Nebr., N. Dak., S. Dak.
Region VII	- Ark., La., N. Mex., Okla., Tex.
Region VIII	- Colo., Idaho, Mont., Utah, Wyo.
Region IX	- Alaska, Ariz., Calif., Hawaii, Nev., Oreg., Wash.

SUMMARY OF MAJOR HEALTH NEEDS AND ADMINISTRATIVE PROBLEMS PERTINENT TO STATE CANCER CONTROL PROGRAMS

A discussion of the needs and problems confronting State health departments in administering cancer control programs was incorporated in the narrative plans of 35 States. Almost all States reflected, directly or indirectly, the problem of insufficient personnel and budget limitations.

The lack of full-time program directors, consultants, pathologists, and nurses was emphasized repeatedly. Shortages of trained and experienced personnel for staffing clinics was mentioned by several States. A high proportion of the State programs operate without the services of a full-time director. Consultants qualified to advise and assist in cancer control problems are urgently needed. The requirement of additional public health nurses was indicated by many States, particularly for adequate followup services and home nursing care. Availability of diagnostic services is restricted by the shortage of pathologists.

A definite need for extension and expansion of diagnostic and therapeutic facilities was expressed by the majority of the States. Expansion of cytological services so that such services may be readily available to practicing physicians was frequently stated as a requirement.

Adequate facilities for the care of advanced or terminal cases are lacking in many States. The provision of home nursing care to cancer patients is an ever increasing problem. Followup services need strengthening so as to provide continuous professional supervision to cancer patients.

The desirability of obtaining more complete and accurate morbidity data to assist in determining the extent of the problem and in effecting followup was mentioned frequently. Thus, the question of how to obtain better cooperation on the part of physicians and hospitals in more comprehensive reporting of cases confronts many States. A few program directors expressed need for legal authorization for cancer reporting.

Almost every State gave recognition to the importance of early diagnosis and prompt treatment and the requirement of active and effective lay and professional educational programs to help meet this objective. The need for increased emphasis on strengthening and broadening this phase of the cancer control program was stressed repeatedly.

More refresher and postgraduate courses for general practitioners, dentists, pathologists, and nurses, as well as inservice training opportunities for public health personnel, are considered to be urgent requirements by a number of States. Again, budget limitations seriously hamper the effort to make available for widespread use the latest developments in prevention, diagnosis, and treatment of cancer.

Other related problems and needs less often mentioned include medical care for the indigent; medical social services; extension and development of case registers; greater interest in cancer programs by local health departments; development of environmental or occupational cancer control activities; and augmentation of clinical and laboratory research.

ABSTRACTS OF STATE PROGRAM PLANS FOR CANCER CONTROL

HEW Region I

CONNECTICUT

Proposed professional educational activities include continuation of the plan of providing for each of the 27 tumor clinics, 4 times per year, the services of a consulting specialist (board-certified) of the clinic's choice. Lectures will be presented at regional meetings of public health nurses, and a workshop on long-term illnesses, including cancer, will be held for 125 public health nurses. Because of reduction in funds, the program of professional education will be curtailed. Information for the general public will be provided through the press, departmental bulletins, and pamphlets.

The local tumor clinics will receive State financial assistance in the form of payments for free tissue diagnosis, diagnostic and therapeutic radiation, and certain diagnostic procedures such as cystoscopy, bronchoscopy, and sigmoidoscopy. Followup of each hospitalized cancer case is made at least once a year, with a report to the central register. The study of cancer in relation to occupational hazards, initiated in 1951, will be continued.

MAINE

Continuation is planned of the following professional educational activities: Distribution of cancer manuals, bulletins, and films; extension of financial assistance to postgraduate medical programs, to medical centers preparing teaching material and aids, and for training of technicians or physicians at clinic centers in exfoliative cytology; and provision of speakers for hospital and clinic staffs and medical and dental societies. A survey is proposed of existing facilities to determine current conditions and services offered. It is planned to continue to work through clinic staffs to stimulate interest in hospital registers and in hospital tumor boards. Assistance to clinics (seven are in operation) will be continued through consultation, materials, nursing followup, and expanded participation by State districts in clinic services.

MASSACHUSETTS

The educational program is a combined function of the Massachusetts Medical Society, the American Cancer Society, Massachusetts Division, the Harvard School of Public Health, and the Health Department. Educational activities will include

the distribution of the Cancer Bulletin to 3,000 physicians and a cancer manual to all new practitioners on request. The cancer clinics will hold special teaching sessions for physicians. A two-week institute for 10 to 12 nurses will be held biannually and inservice training will be provided for local public health nurses. A course in cancer statistics is offered to staff members, and a similar course will be available to record librarians in several hospitals. Lay education is primarily a function of the State Cancer Society.

Payment is made to the Harvard Cancer Commission for the examination of tissue suspected of being malignant. This service is free to all physicians in the State and approximately 10,000 specimens are examined each year. The State operates two cancer clinics and provides financial assistance to 18 local clinics. The Health Department also operates two cancer hospitals for residents who cannot be adequately cared for elsewhere. Basic and clinical research will be continued at one State cancer hospital. The Department will conduct epidemiological and evaluative research and will continue to maintain a cancer registry.

NEW HAMPSHIRE

The State agency responsible for cancer control activities--the New Hampshire State Cancer Commission--does not participate in cooperative cancer control projects and, therefore, does not submit a plan of program operations.

RHODE ISLAND

Continuation is proposed of professional and lay educational programs. Professional education in early recognition of cancer symptoms will be directed toward physicians and dentists. Inservice educational opportunities for staff members are to be continued. Expansion is planned in staff education for public health nurses. Nursing consultation services will be available for assistance in community education and stimulation of interest in the establishment of needed cancer facilities, for improvement of reporting by hospitals for followup nursing services, and to acquaint local nurses with available cancer facilities and services, including rehabilitation services.

It is proposed to establish cancer detection centers in four counties of the State in addition to the present centers. Personal followup of suspicious cases discovered at these centers is contemplated for evaluation purposes. A cancer register to evaluate the nature of the cancer problem will be maintained. Cooperation with the Division of Tuberculosis Control in the chest X-ray survey program for detection of malignant neoplasm of the lungs in the early stage is to continue. Effort will be made to seek funds for financing the cost of Papanicolaou slides at detection centers. Payment of short-term hospitalization and services of visiting nurses for indigent cancer patients will be continued.

VERMONT

The educational program will be limited to educational activities for nurses; the State Cancer Society conducts most of the cancer education in the State. Financial support will be provided for microscopic tissue examination and cytologic test services at general hospitals and the University of Vermont. The State provides support to six tumor clinics and will provide financial support for diagnostic and treatment facilities in general hospitals and palliative or advanced care through hospitalization. The Department will also provide medical consultation service, nursing service for bedside care and followup activities, and medical social service. Morbidity statistical services will be continued.

HEW Region II

DELAWARE

It is expected that all activities will be maintained at the same level of operation as during the previous year, with the exception of cancer detection services. Operation of the mobile detection center is to continue; however, some reduction in this phase of the program, which has received major emphasis, is contemplated. Participation in other diagnostic services and in treatment services is to be continued at approximately the same level.

Educational activities which will be carried on in cooperation with the Division of Public Health Education include programs for adults and school children. The Division of Oral Hygiene will participate in educational functions for dentists, and the Division of Nursing will participate in such activities directed to nurses. Physician education is also to be continued. Both microscopic tissue examination and cytologic test service, also major items in the program, are to be available. Continuation of central statistical services is contemplated, including maintenance of a tumor register. Public health nursing services for bedside care and followup and medical social services will be available.

NEW JERSEY

Provision of equipment for professional cancer education will be continued. Hospitals are assisted in staff education through the purchase and loan of teaching equipment. Promotion of multiphasic screening of inpatient and outpatient admissions to selected general hospitals as a method for early detection of some types of cancer will continue. X-ray, other equipment, and financial support for personnel are made available to hospitals for this purpose. Cooperation with the mass chest X-ray survey program will continue, with suspicious cases of lung cancer being referred to the Bureau of Cancer Control. Support to hospitals for conduct of research activities in cancer screening and diagnostic techniques will continue. As in the past, it is planned to promote followup services by payment of salaries of medical social workers in selected hospitals and by making nursing services available. Plans are being formulated to develop community homemaker services to enable certain patients to remain at home under care of a private physician. Together with the American Cancer Society, a study is proposed of the practicability of voluntary reporting of cancer cases by hospitals. A pilot project is considered in one or two hospitals of a case reporting and register system.

The pathology program plans of the Division of Laboratories includes consultative services on tumor diagnostic problems and techniques; performance of routine and special techniques; and the maintenance and expansion of the tumor registry of the laboratory. Training plans for cancer propose cosponsorship of an eight-day course in chronic disease detection for physicians; a two-week course for medical technologists in newer and more accurate methods of chronic disease detection (multiphasic screening); a one-year course in diagnosis and therapy with special emphasis in pathology, radiology, or surgery; and a 40-hour course in diagnosis and therapy of oral cancer for dentists. A five to eight-day course dealing with various aspects of cancer control is planned for the general practitioner. Continued cooperation with the radiological health program and the adult and industrial health program is planned. There is a tentative plan to test a film-badge screening service for employees of industries where exposures to radiation occur.

NEW YORK

Plans for professional education for groups other than the public health profession consist of a broad continuing program--in cooperation with State medical, dental, nursing, and cancer societies--including provision of speakers for meetings, fellowship training, cancer teaching days, literature, films, refresher courses, and clinical courses. Training and orientation planned for public health personnel will include fellowships for training and refresher courses for physicians and training institutes and refresher courses for nurses. Information will be directed to the general public, in cooperation with State and local medical and cancer societies, through pamphlets, movies, lectures, radio, television, and exhibits.

Laboratory services are available at the central and branch laboratories. Financial assistance is provided to 43 of the 73 diagnostic facilities located in Upstate New York. A gradual growth in the number of tumor clinics is expected next year. Followup of diagnosed cases is carried out by many of the clinics; it is anticipated that increased use will be made of public health nurses in this regard and increased emphasis placed on home nursing care for cancer patients. Hospitalization of cancer patients is provided at the Roswell Park Memorial Institute--the State cancer hospital. The hospital is being expanded from 110 beds to 516 beds. Reports of cancer,

received from State laboratories and private physicians, are used in case finding and special studies. Two consultant nurses will continue to be available to promote the nursing aspects of the cancer control program through meetings with local public health nurses. Environmental and industrial cancer is the subject of a study being conducted jointly with the State Department of Labor. Routine tabulations and summaries of statistical data will be distributed to local health officers.

PENNSYLVANIA

Professional educational activities will include a two-day cancer seminar conducted by the medical staff of the University of Pittsburgh; one-day regional cancer institutes at six centers; provision of speakers and films for county medical, dental, and pharmaceutical societies; two-day cancer institutes conducted by the staff of the Institute for Cancer Research at Fox Chase--one for dentists and one for physicians;

payment of expenses for one medical representative from each tumor clinic to the annual meeting of the Wainwright Tumor Clinic Association; and a two-week workshop for public health nurses. As a part of a five-year plan, medical representatives from each of 10 tumor clinics will attend a two-day tumor clinic school each week for seven to eight weeks. Over the five-year period, 10 professionals from each tumor clinic would receive fundamental instruction. A two-day program for tumor clinic secretaries will also be held. A loose-leaf cancer manual is now being prepared for publication.

Free tissue and cytologic diagnostic services are provided by the Bureau of Laboratories for use by physicians. Assistance will continue to be provided to 85 tumor clinics. Physicians' services are donated and local hospitals furnish space and equipment. Minimal financial support will be given to a local diagnostic program for indigent cancer patients in Scranton.

DISTRICT OF COLUMBIA

Educational activities will consist of distribution of the Cancer Bulletin to all licensed physicians indicating a desire to receive the publication and the preparation of frequent news releases. The Department hopes to convert the two detection clinics into diagnostic centers. One of these clinics now operates four days a week, the other one evening each week. All patients with suspicious indications are referred for further study. (Last year 1,672 examinations were completed.) A cancer registry is maintained, cancer being reportable by law. The Department will continue to provide medical care and hospitalization for the indigent at Gallinger Hospital, and by contracts with private hospitals and private physicians. Home nursing care will be provided by two public health nurses to bed-bound postoperative carcinoma patients.

KENTUCKY

The Department will encourage the public to detect cancer symptoms and see their private physician regularly by the use of regular health education techniques such as bulletins, films, and news releases, and through field health educators who stimulate, guide, and assist local health departments in their program. More time will be spent on cancer in the in-service training program. Through the tissue biopsy program, free tissue examinations are available to any physician for the medically indigent. Pathologists are paid on a fee basis. A concentrated effort will be made to interest more physicians in this service.

Personnel, hospitalization, and radium rental will be furnished to the diagnostic and treatment clinics operated by the State Cancer Society for the medically indigent. The Division of Occupational Health promotes the control of carcinogenic agents in industry. All chest X-rays taken by the Department will be interpreted for possible lung malignancy. Nursing assistance will be provided for clinics and for followup on patients. Expansion of the State cancer registry services is planned. Registry services will include the periodic preparation of statistical reports and evaluations of educational activities, efficacy of various therapeutic techniques, success of followup procedures, utilization of accepted diagnostic and treatment techniques, and other aspects of cancer control problems. The register will also be used to assist with case followup. An increased effort to improve cancer reporting by physicians and hospitals will be made.

MARYLAND

Continuation of educational programs for professional and lay groups is planned. Cancer manuals, information bulletins, and publications will continue to be distributed throughout county health departments. Films will be shown to physicians and dentists and to the general public. It is planned to send two persons to the Papanicolaou Laboratory for advanced training in cytological examination of cancer specimens. Refresher courses for nurses will continue to be provided. It is hoped that the cancer register will be extended to several additional counties. Followup of diagnosed cases will be provided for detection centers and, through the cancer register, in four counties in which an intensive study of cancer is being conducted. County health departments will provide followup of cases on the Johns Hopkins cancer register.

Continued operation of 25 cancer detection centers in 21 of the 23 counties is proposed. The establishment of additional tumor clinics is planned; such clinics are operating in two counties and one city. Cytological test service will continue to be available. Consideration will be given to the reading of chest X-ray films--taken by the Bureau of Tuberculosis--by a radiologist to detect the presence of lung cancer. Through the State's chronic disease hospitals, hospital care of cancer patients will be provided.

NORTH CAROLINA

A variety of educational material is made available to lay and professional groups at all times on request. Personnel of State and local chapters of the American Cancer Society do an extensive and concentrated program in this field. Local health departments are also active in educational programs. It is planned to continue the direction of operation and financing of five detection and diagnostic centers and seven detection centers. Members of the local medical society completely staff and operate these clinics. Continued operation of a mobile X-ray unit for gastric cancer is also proposed. The unit X-rays long-term patients of the State's mental institutions; the program is planned on a five-year basis in order to get a series of films on the same patients annually for five years. It is hoped this study may aid in the technique of interpreting films.

Three-day hospitalization for diagnosis or elimination of cancer will be provided throughout the State. Followup services

are to be continued by personnel at the cancer centers and when necessary by county public health nurses. Local health departments are active in followup services. Continued maintenance of records and compilation of statistical data on persons examined at each center are planned. In cooperation with State and local tuberculosis X-ray programs and the industrial hygiene X-ray unit, persons whose chest X-rays indicate possible cancer will be referred to private physicians or to the cancer centers. Cytologic test services will continue to be limited. The State laboratory will examine smears from persons attending cancer clinics and from inmates of State institutions. No specific training programs or postgraduate courses are planned.

PUERTO RICO

The program will continue to function as a coalition between the Department of Health and the University of Puerto Rico School of Medicine program for coordination of cancer teaching. Continued participation is planned in a variety of medical educational activities at all educational levels to enhance the physician's knowledge of cancer diagnosis and treatment techniques. Texts, pamphlets, audio-visual aids, and other materials on cancer are supplied for teaching purposes, and arrangements are made for visiting lecturers. Subscriptions to the Cancer Bulletin for medical students and practicing physicians and dentists will be made available as in the past. A cancer manual is being developed in cooperation with the Cancer Committee of the Medical Association. Courses on cytology and cytologic techniques will be continued for practicing physicians periodically. A course of postgraduate instruction will continue to be available to local, district, hospital, and medical groups in cooperation with that Committee. Arrangement for training fellowships in the United States in radiology and pathology for physicians will be continued as fellowships and candidates are available. As in the past, lectures and demonstrations to various groups of public health workers will be given upon request. A reduction in educational activities for the lay public is anticipated because of the dissolution of the Puerto Rico Division of the American Cancer Society.

Work is to be continued on obtaining morbidity and mortality data and complete information on cases treated in hospitals, the treatment methods, and the results. Study and analysis of all pertinent statistical data will be made. It is planned to complete the Island-wide survey of hospital records in all institutions with over 30 beds to provide for the registry hospital data on cancer cases over a five-year period.

Efforts will be intensified on the utilization of facilities for diagnosis and treatment. Support will be given to the central pathological laboratory operated for Health Department hospitals. Operation of the cytology center will continue, with analyses being made of data on the first 6,000 cases to determine the future direction of efforts at this center. The center is currently used as a research tool and teaching facility. Consultative services will be available to tumor clinics and private physicians. Records consultation also will be provided. Furtherance of clinical services is to continue through obtaining items such as radiation and surgical and diagnostic equipment for loan to institutions. The Health Department will continue to contract for diagnostic and treatment services from two private institutions. It is planned to continue the association with the Bureau of Tuberculosis in referral of chest neoplasm suspects found in chest X-ray programs. Plans also propose continued association with the Atomic Energy Commission whereby diagnostic and/or treatment studies are made on selected cancer cases.

VIRGINIA

Educational programs for both lay and professional groups will be continued. Distribution of the Cancer Bulletin to physicians and junior and senior medical students in the State is planned. Participation in workshops and institutes will be continued and addresses to groups and radio audiences will be made as occasions are presented. Films will be shown and discussed with certain professional groups and encouragement will be given to the showing of the film "Breast Self-Examination." Continued support is expected from the Bureau of Dental Health in educational activities. The Bureau of Health Education will also participate in the development of educational materials on cancer control.

Encouragement and assistance is offered to the tumor clinics operating in the State. There is interest in the opening of additional diagnostic clinics. A central cancer register is maintained but is incomplete because only cases seen in hospitals are abstracted and recorded. Continuation is planned of the study being made of statistical data available from the register. Biopsy service will be available to physicians in the State. Encouragement in the use of the Papanicolaou smear technique when smears are sent to certain laboratories will be continued. Extension of cancer case-finding opportunities is planned in connection with the programs of the Division of Tuberculosis Control and the Bureau of Maternal and Child Health.

VIRGIN ISLANDS

Slight expansion is proposed for the majority of activities. The statistical phase of the program, which is a major item and includes maintenance of a tumor register and compilation of morbidity and mortality data, will be continued at about the same level of operations as during the previous year. Likewise, provision of medical consultation services and the operation of diagnostic and treatment facilities at the municipal hospitals will be continued as in the past. Medical social service, public health nursing services, and cytologic test services are to be expanded. It is also planned to extend diagnostic services at the polyclinics. Educational activities for the lay public and professional groups are to be continued by the Division of Health Education.

WEST VIRGINIA

Expansion of the educational programs for both lay and professional groups is planned. Educational activities for the public will include joint planning with the State Cancer Society for area meetings with representatives from official and voluntary agencies to stimulate community interest in cancer

control and familiarize them with facilities for diagnosis and treatment; scheduling of educational films with special interest on "Breast Self-Examination"; and preparation of a teaching guide for high school science and health classes. The program for professional education will consist of preparation of a "handy file" for resource material for all physicians; distribution of information on professional films which can be scheduled for showing; and joint planning with the Bureau of Dental Health for two seminars on oral cancer.

There are no plans by the State to increase clinical services. However, it is expected that one other clinic will be established as soon as community facilities become available. Fourteen clinics are in operation throughout the State. All clinics have a well developed followup program. Effort is made to follow all persons referred by the Bureau of Tuberculosis who have chest plates suggestive of any unusual condition. Tissue diagnostic service is available. Assistance to needy patients will be continued for those who have a fairly good prognosis. Close cooperation is maintained with the State Cancer Society and the Department of Public Assistance through which assistance is extended to advanced patients.

HEW Region IV

ALABAMA

It is planned to use the Division of Public Health Information for the dispersal of educational information regarding the cancer program and availability of aid to the medically indigent. An inservice training program is planned to enable local county nurses to better coordinate cancer control in their generalized programs. Four or five key nurses will be sent for an intensive five-day training period on cancer nursing at Chapel Hill, North Carolina. The State finances five cancer clinics, and it is hoped that seven additional clinics will be added. The State Cancer Society pays for transportation of patients from their homes to the cancer clinics. A nursing followup system will be tried in one county and, if successful, will be extended to other parts of the State. Statistical data from individual patient clinic and followup reports are tabulated. Further stress will be placed on improving case reporting by private physicians as required by law.

FLORIDA

Although slight expansion is indicated for several activities, no change from the previous year's level of operation is proposed for the overall program. Items for which expanded activity is proposed include the operation of cancer clinics; utilization of facilities in general hospitals for diagnosis and treatment; provision of hospital care for advanced cases; provision of public health nursing followup services; and maintenance of central statistical services--morbidity, mortality, and tumor register. Educational programs will be directed to the lay public (adults) and to physicians and nurses. The establishment of one additional clinic and the continued operation of 15 clinics are planned. Support of microscopic tissue examination will be continued. Participation is planned in the establishment of a cancer control council.

GEORGIA

Continuation of educational activities for professional groups is proposed. Such activities include distribution of the Cancer Bulletin and other materials on cancer, holding of cancer seminars and conferences, showing of films, and refresher and inservice training. The usual media for dissemination of information to the general public will be employed in cooperation with other divisions of the Health Department, the Georgia Division of the American Cancer Society, the Cancer Commission, the Medical Association of Georgia, and local health departments.

Diagnostic services, including hospitalization, are available at 18 cancer clinics. One cancer detection center will operate on a small scale. Facilities for cytologic examinations are available at the Medical College of Georgia to all physicians. Similar facilities are available on a regional basis at four other locations. Tissue examinations are provided at all State-aided clinics, and the State Health Department laboratories perform routine Kahn tests on all patients receiving State assistance. Followup of cancer clinic patients will continue to be performed as a routine function. Local health departments and welfare departments assist in followup. Clinical reports are sent to local health departments involve

MISSISSIPPI

Improvement in lay education is proposed by increased liaison and assistance to curriculums planned in public schools, colleges, and universities. Educational activities for physicians will be carried out through seminars, demonstration clinics, and other possible means of teaching; these activities will be performed in cooperation with the advisory cancer committee of the State Medical Association. Increased inservice training for public health nurses will be provided. It is planned to make pathological services more freely available through private pathologists by some type of supportive program.

The Department supports five local tumor clinics and plans to expand diagnostic and treatment service to reach a larger percentage of indigents and semi-indigents than in the past through at least three new clinic centers. All clinics will be correlated through the leadership of the four-year medical school and teaching hospital now being built. Increase in the conduct of post-treatment followup on all cases of cancer at more frequent and regular intervals is proposed. Likewise, greater emphasis will be placed on finding cancer suspects through field activities in tuberculosis control and maternal and child hygiene clinics. Statistical studies will be made of cancer mortality and morbidity to further evaluate the size and trend of the problem with reference to age, sex, race, geography, occupation, and effects of treatment.

SOUTH CAROLINA

Continuation of professional and lay educational activities at the same tempo is planned. Professional education will

include distribution of the Cancer Bulletin; use of films; holding of cancer seminars; conduct of refresher courses for nurses; and presentation of articles and talks on cancer. The State Medical College staff participates by presenting the clinical aspects of cancer before public health groups. All media for education of the public will continue to be used extensively; the program is directed to both adults and children. As in the past, the Section of Public Health Education will provide consultation in the preparation of educational materials, and local health departments will cooperate in the dissemination of such materials.

In cooperation with the South Carolina Division of the American Cancer Society, more time will be spent in acquainting industries with potential and actual carcinogenic hazards. Diagnostic and treatment services are available at 10 State-aid clinics. Two additional clinics are proposed if funds are available. An educational program for clinic staffs in the importance of followup will be undertaken. All followup procedures are to be standardized, and the record system will be revised. Field workers attached to the clinics and local public health nurses will provide the followup. It is hoped that within two years the case register will be expanded to include those patients treated by private physicians.

Several technicians will be trained in cytology at the State Medical School. If funds become available, cytologic test service which is provided to patients attending State-aid clinics will be extended to specimens submitted by private physicians. All clinicians reading chest films are instructed to look for shadows suggestive of lung cancer. Suspects are referred immediately to the cancer clinics for clinical studies.

Likewise, clinicians conducting various public health clinics are cooperating in cancer case finding by referring patients suspected of a malignant condition through their respective health department to one of the State-aid cancer clinics. Consultation on cancer nursing problems will be available from the State consultant nurse and medical social consultant service will continue. Statistical studies of cancer deaths and data on patients attending cancer clinics will be continued.

TENNESSEE

Educational material will be prepared and channeled to local areas. The Cancer Bulletin is to be distributed to all licensed practitioners of medicine. An inservice training program will be provided for State and local public health nurses. Tissue examination will be provided by contract with accredited pathologists for medical indigent patients of physicians living in counties without clinical services. Ten local cancer clinics will receive assistance through the provision of personnel, renting of quarters, and purchase of radon, equipment, and supplies.

Hospitalization is furnished for diagnosis only. Local health departments will make followup on clinic cases who do not return for checkups. Suspected cancer lesions discovered in the tuberculosis X-ray survey program will be referred to hospitals for diagnosis. Local public health nurses will demonstrate bedside nursing care to families with cancer patients. The nutrition staff of the Department will consult with the nursing staff on dietary needs of cancer patients. Malignant tumors are required to be reported by physicians. Besides making the usual morbidity and mortality reports, the Department will make a study of patients admitted to cancer clinics in the State.

HEW Region V

ILLINOIS

Educational activities will be directed to the general public and to professional groups; stress will be placed on improvement in the early diagnosis of cancer, with special emphasis on lung cancer. A special program on early lung cancer case finding will emphasize the importance of regular chest X-rays. Payment is made for tissue examinations and exfoliative cytology for persons unable to pay. Financial support will be continued for 27 local cancer clinics. These clinics supply a consultative diagnostic service and followup for patients referred by physicians and dentists. The establishment of cancer registers in hospitals in which there are State-aided clinics is to be actively promoted, and it is hoped that all such hospitals will maintain registers by 1955.

INDIANA

Stress will be placed on public education by the dissemination of information through films, pamphlets, speakers, etc. Professional educational activities will include an annual symposium for physicians and dentists, distribution of films for professional use, and limited inservice regional training for public health, hospital, and institutional nurses. Distribution of 5,000 copies of the bimonthly Cancer Bulletin is being discontinued due to budgetary limitations.

Pathological services for the medically indigent are provided by local cancer units. Provision of tissue diagnostic services at the State level has been delegated to the Indiana Medical Center. Cytological services are available on a limited scale. Financial assistance is to be provided to the Indianapolis General Hospital and the Indiana University Medical Center for provision of cytological services, for special surveys, and for the operation of tumor clinics. Individual consultant services to local units are provided by a nurse consultant in cancer. The tumor registry will be continued and increased assistance is planned for the registry at the Medical Center.

MICHIGAN

Professional educational activities will include the distribution of the Cancer Bulletin to all physicians, hospitals, interns, residents, medical schools, and laboratories and the provision of speakers, films, reprints, and pamphlets. Training and orientation of public health personnel are limited to opportunities afforded through meetings of the State Public

Health Association, the Health Officers' Association, and other groups and through the inclusion of articles in newsletters and publications. Information is directed to the general public through the usual channels.

A few local cancer detection centers are in operation; locally, primary emphasis is to be placed on promotion of the "Hillsdale Plan" concept that the individual physician's office is a detection center and the findings should be reported to the register in the local health department. Mass chest X-rays are read for any abnormalities which may suggest malignancy, and prompt followup is carried out by State and local health departments. Industrial cancer activities are limited to an educational program.

OHIO

Through educational activities, public alertness to cancer symptoms and periodic examinations will be promoted. There is interest in promoting workshops, institutes, meetings, conferences, and symposia on cancer for doctors, nurses, dentists, and public health personnel. Distribution of the bimonthly Cancer Bulletin will be discontinued as a measure to conserve funds. No laboratory services to the cancer program are given by the State laboratory and none are contemplated. Twelve cancer clinics, 5 diagnostic clinics, and 33 detection centers are known to be operated locally. Multiphasic screening will be promoted to demonstrate its usefulness in cancer case finding, and every effort will be expended to incorporate cancer case-finding procedures in examinations conducted at various public health clinics. Since the past several years has indicated that diagnostic centers are more productive than detection centers, conversion of the latter to diagnostic clinics will be encouraged.

A continuous survey of resources is proposed so as to learn what services and facilities for chronic diseases are available within the State. The Division of Industrial Hygiene will continue its work on occupational causes of cancer and expects to complete an investigation of central nervous system cancer in the rubber industry. Readers of chest X-rays will be stimulated to look for indications of lung cancer. Nursing consultation will continue to be available, particularly in development of a referral and followup system and on home nursing care, if local areas progress to the point of starting such programs.

Mandatory reporting of cancer is desirable. It is hoped that the establishment of a registry can be started by a composite of local diagnostic clinic registers.

WISCONSIN

Professional educational activities will include lectures and talks to medical and dental groups; postgraduate clinics; institutes for supervisory hospital and public health nurses; teachers institutes; individual consultation for physicians; training and orientation for public health personnel; and the preparation and distribution of articles, films, and exhibits. Distribution of 3,700 copies of the Cancer Bulletin to physicians is also planned. A consultant nurse in cancer will be available to assist directly in the training and orientation of district and local public health nurses. Informational activities for the general public will include lectures and talks, and distribution of pamphlets, films, and exhibits. Free

diagnostic tissue and cytologic services will be provided by the State laboratory. The State cancer society provides stipends for the training of private hospital and pathologic technicians in cytology at the State laboratory.

Diagnostic clinics are operated by the State general hospital and by Milwaukee County. The Health Department will continue its general industrial hygiene program which includes consultation on cancer, the detection and elimination of environmental hazards, and a special study of hazards involved in the use and disposal of radio-active isotopes. Chest X-rays taken in State and local tuberculosis surveys will be checked for indications of lung cancer. Followup on diagnosed cases is performed by local or district public health personnel. Statistical analyses are made from morbidity report forms submitted by hospitals and private physicians. The Department is assisting the State Cancer Society in a special study on smoking and on lung cancer.

IOWA

Continued emphasis will be placed on educational programs for lay and professional groups. Both the Iowa Division of the American Cancer Society and the State Medical Society cooperate in educational activities. Through the Division of Public Health Education, films, literature, displays, and exhibits are available. From four to six institutes for physicians will be held during the year, and it is hoped more can be held next year. The Cancer Bulletin is distributed to all physicians in the State.

Continuation of support to the nine cancer clinics is proposed, with emphasis on increased utilization of clinics. Case histories and tissue slides from all clinic patients and from cancer patients of some approved hospitals will continue to be filed for reference and study. Nursing consultation and supervision are to be available to local health agencies and public health nurses. Likewise, consultation on nutrition problems related to cancer will be provided.

KANSAS

The following activities for professional education are planned: Participation in the Midwest Cancer Conference (for physicians); distribution of the Cancer Bulletin and the Journal; holding of institutes or courses for integration of cancer in the nursing school curriculum; arranging for refresher courses on cancer for members of the dental profession, in cooperation with the Division of Dental Hygiene; and loan of professional films (through the Division of Health Education Services). Continuation of a cooperative educational program for the general public with the Kansas Division of the American Cancer Society and the Division of Health Education Services is also proposed. Organization of a photofluorographic chest survey program to include case finding of lung cancer will be attempted. In cooperation with the Medical Society and the Cancer Society, cancer detection in the physician's office will be stressed.

As in the past, the State will provide registry and followup services for the cancer clinics (30) operating throughout the State. Consultative nursing services will also be available from the State to assist in the integration of cancer education, case finding, followup, and care in the existing community public health nursing program. The central and local registry and followup program will be continued. Kansas laws and regulations require registration of cancer. Nonprofit hospitals

are paid a fee for participation in the program on the basis of the number of diagnosed cancer cases registered at the hospital in connection with any type of diagnostic or treatment services. State, Federal, and industrial hospitals and some private clinics participate voluntarily without receiving a fee. The Cancer Society contributes approximately one-half of the fees paid to hospitals. The field representative serves as a consultant to local hospitals in establishing and maintaining local registries. Hospitals agree to follow all patients reported. In cooperation with the Division of Vital Statistics, special studies of available statistics will be made. Physicians are encouraged to report cases not registered with a local hospital registry. Continuation of the cooperative relationship and assistance in the maintenance of a model tumor registry at the University of Kansas Medical Center is proposed.

MINNESOTA

Through educational programs directed toward professional groups--doctors, dentists, and nurses--emphasis will continue to be placed on earlier and improved diagnosis and treatment. Seminars and clinical conferences will be held throughout the State. A program of "every doctor's office a cancer detection center" will be stimulated through county medical societies in conjunction with the State Medical and Cancer Societies. The Cancer Society is supporting financially the development of "boards of cancer consultants" who will be available to serve hospitals by a periodic review of cancer cases. A nursing consultant is assigned to the Section; to date, nursing consultation has been primarily concerned with the educational aspects of cancer control. The program of hospital admission X-rays will be stimulated as a valuable and productive measure in the total chronic disease program. The whole chronic disease program will be geared toward improvement of the quality of services

MISSOURI

Increased emphasis will be placed on educational programs for nurses, with lesser emphasis given to educational activities for physicians, dentists, and the lay public. Financial support will be provided to two local diagnostic clinics and one local cancer clinic. The Department will continue to operate a cancer hospital which also provides clinic services. It is proposed to continue medical consultative services, public health nursing services for followup activities, and medical social services.

Financial support will also be provided for local nursing followup activities. Central statistical services for cancer mortality will continue to be maintained.

NEBRASKA

The Department will stress educational programs for physicians and adults in general, with lesser emphasis on educational activities for dentists, nurses, and school children. Financial support for cytologic test services will be provided to Creighton University and the University of Nebraska. Two local tumor clinics will be supported in addition to the 12 assisted during the past year. Case finding will be conducted in conjunction with the operation of three mobile X-ray units. Medical consultation will be available and financial support will be given to local nursing services for bedside care and followup activities. Central statistical services for cancer mortality will be maintained.

NORTH DAKOTA

The educational program will be directed primarily to the lay public, dentists, and nurses. Educational activities for

physicians will be curtailed and those for pharmacists discontinued. Case-finding and followup activities will be performed as a part of mobile X-ray services. Financial support is to be provided for bedside care and followup by local nurses. A tumor register will continue to be maintained.

SOUTH DAKOTA

Stress will be placed on adult education through the use of pamphlets, movies, posters, charts, and special articles in newspapers and Departmental publications. In the field of professional education, appropriate educational materials will be supplied to physicians, dentists, nurses, and pharmacists, and speakers will be furnished such materials for meetings. Laboratory services are available from the State University College of Medicine at a minimum fee. All tumor cases discovered by mobile X-ray units will be reported and followed. Nursing personnel will be given inservice training in proper home care of the cancer patient.

HEW Region VII

ARKANSAS

The State Cancer Commission administers the cancer control program in Arkansas. Responsibility for the program is shared by the State Board of Health and the Arkansas Division of the American Cancer Society. The Medical Society sponsors the program and assumes obligation for professional staffing of tumor clinics and assists in conducting the program of professional education. The State Board of Health will continue to provide consultative services. Also, public health nursing services will be made available to assist in the followup of cancer patients, and mortality data will be supplied. Supportive nursing services in local health departments will be continued, specifically in the followup of delinquent patients. As in the past, the Cancer Society through a three-fold program of research, education, and service will be responsible primarily for planning, developing, and conducting lay and professional educational activities and for services to indigent patients, including diagnostic clinics, domiciliary care, dressings, etc.

Educational activities will be reduced because of fund limitations. Formal seminars and opportunities for postgraduate study offered in the past to members of the medical and nursing professions will be discontinued. Also, distribution of the Cancer Bulletin to 1,200 physicians will be discontinued. Semi-annual meetings of the Association of Tumor Clinic Staffs will be sponsored. An inservice training program will be carried out for tumor clinic secretaries and personnel assigned to the central cancer registry.

It is planned to continue support of the seven tumor clinics which meet weekly. These clinics accept indigent patients referred by the Commission at the request of private physicians. The clinics are staffed by members of medical societies on a voluntary basis and receive patients from all parts of the State. Hospitalization for diagnostic purposes and additional hospitalization for a maximum of 21 days is available. Also, domiciliary care for a maximum of 30 days will be provided if indicated. A full-time clinic secretary is employed for each clinic primarily to complete tumor records on all patients and to submit these to the central cancer registry. The registry is used for followup, as a source of morbidity data, and as a basis for determining the magnitude of the problem. Through the facilities of the University of Arkansas School of Medicine, histological examinations and cytological services will continue to be available.

LOUISIANA

Little change is proposed in program operations. Educational activities will be directed toward physicians, dentists, and the general public. Microscopic tissue examination and cytologic test service will be provided by the Division of Laboratories. One of the four local diagnostic clinics will be discontinued. Nursing followup is provided as a part of local health programs; financial support for such service is made available to the Shreveport clinic. Central statistical services will include compilation of morbidity and mortality data as well as the maintenance of a tumor register. The Section of Industrial Hygiene will continue to promote interest in industrial cancer hazards.

NEW MEXICO

Expansion of the overall program is proposed. Functions for which increased activity is planned include conduct of educational programs for the lay public and for professional groups, physicians and nurses, and provision of medical consultation. The State Division of the American Cancer Society also conducts an educational program for adults and for school children. The Division of Public Health Nursing will continue to participate in educational activities for nurses and provide nursing follow-up services. It is proposed to continue support to one detection center and to four centers providing diagnostic and treatment services. Cytologic test service and microscopic tissue examination will be made available. The compilation of morbidity and mortality statistics and maintenance of the tumor register are to be continued in cooperation with the Division of Vital Statistics.

OKLAHOMA

In cooperation with the Division of Health Education, a variety of educational materials and literature will be prepared and distributed. Radio broadcasts and other media are also used in cancer education. Local health departments will include cancer education in their programs. Training activities proposed include inservice training for health officers and nurses; a three-day annual postgraduate course on malignant disease for private physicians and health officers; periodic tumor clinic conferences at clinics; and provision of a guest lecturer on oral cancer for the annual meeting of the Dental Association in cooperation with the Division of Preventive Dentistry.

The State will continue to provide financial assistance for personnel and make medical equipment available on a loan basis to three cancer diagnostic clinics. Hospitalization for diagnostic purposes will be available to the medically indigent at two of the clinics. X-ray films taken in community-wide surveys and in chest clinics will be examined for lung cancer; it is expected that a special followup study will be made in this connection, with the State Cancer Society and the Division of Tuberculosis Control participating. As in the past, local health departments will provide followup services. Home nursing services are to be continued. Continuation of medical and nursing consultative services is proposed.

A branch laboratory will provide certain laboratory services for one of the diagnostic clinics. Study is to be made of the need and feasibility of making tissue examination service available to private physicians. A cumulative cancer morbidity file is maintained by the Division of Public Health Statistics; statistical studies of cancer morbidity and mortality will be continued in cooperation with that Division and the cancer clinics. Cancer registers are maintained by local health departments, and study is to be given to the establishment of a central register to serve as an interchange of information and an administrative tool.

TEXAS

Professional educational activities will include distribution of the Cancer Bulletin to 7,500 physicians; about 5 formal cancer symposia; approximately 200 teaching conferences held in connection with diagnostic clinics; showing professional films to medical groups; and a three-day postgraduate refresher course on oral cancer for 75 dentists. The accredited training program will be eliminated. Also, no funds will be available for special inservice training for nurses. Since the State Cancer Society has taken the lead in informing the public concerning cancer, Departmental public educational activities will be limited.

The Texas Society of Pathologists has agreed to provide laboratory services (biopsies) for cancer patients who are medically indigent. Eight cancer and/or diagnostic clinics are subsidized (approximately 12,500 patients seen a year); a reduction will be necessary in the funds made available for purchase of supplies and equipment for clinics. Followup of patients will be made by clinic personnel and public health nurses. A cancer registry has been set up on a voluntary basis by the Texas Cancer Coordinating Council, the advisory committee for the State control program. It is hoped that by the end of the year every large general hospital will have become a part of the registry so that a State-wide cancer morbidity record will be available.

COLORADO

Plans for professional education include continued sponsorship annually of a Rocky Mountain Cancer Conference for physicians in cooperation with the Colorado Division of the American Cancer Society. Seminars for nursing personnel are to be continued. Primary responsibility for public education is assumed by the State Cancer Society. A reduction of about 60 percent in case finding is expected as a result of the discontinuation of one X-ray unit and a reduction in hours of operation of the other unit.

No direct laboratory services for cancer are planned. Limitation of funds prevent the extension of assistance to the cytology laboratory and clinic at the Colorado Medical Center. Continued encouragement of the establishment of cancer registers in local health departments is planned. Financial assistance to one local health district for a project for developing a cancer case register and a system of followup will be dropped. Continued cooperation with the Occupational Health Section and the Public Health Service in a study of the hazard in the uranium industry is to be continued.

IDAHO

Little change is expected to occur in the overall program. Lay educational activities for adults will be continued, and sponsorship of nonaccredited training in cancer for 30 physicians and 10 dentists is planned. The educational program also will continue to be directed to nurses and to school children.

Participation in cancer case finding through the chest X-ray survey program is proposed. Bedside nursing service and nursing service for advanced care will be available; such services are to be provided in cooperation with the Nursing Section. It is planned to continue, but on a slightly reduced level, the utilization of facilities in general hospitals for diagnostic purposes. Joint participation with the Division of Vital Statistics in the compilation of morbidity and mortality statistics is to be continued.

MONTANA

No expansion in program activities is contemplated. Rather, slight reduction is proposed in the educational programs for physicians and for dentists. Continuation of all other

functions at the same level of operation as the previous year is expected. Such functions include maintenance of central statistical services (morbidity, mortality, and tumor register) detection of lung cancer; educational programs for adults and nurses; and nursing followup services. The first two are major items in the program.

UTAH

Continued participation is planned in educational activities for the lay public and for professional groups. Such activities primarily consist of the distribution of pamphlets, films, slides, and the Cancer Bulletin to private physicians. Lectures on cancer will be arranged for the State Medical Association Convention. Cooperation will be extended to the tuberculosis X-ray unit for lung cancer case finding. However, this phase of the program will be reduced somewhat because of a reduction in community-wide surveys.

Morbidity and mortality statistical services will be continued as well as the statistical research project on lung cancer mortality conducted in cooperation with the Division of Vital Statistics. The purpose of the study is to attempt to determine relationship of smoking to lung cancer. The contract with the University Medical School for maintenance of a tumor register was cancelled. The Division of Occupational Health will continue the survey of the uranium mines in the State to determine the concentration of radon and the ventilation standards being maintained. It is proposed that recommendation for control measures will be made to the Industrial Commission following completion of the surveys.

WYOMING

No expansion in scope of activities is evidenced. Planned educational activities include both lay and professional education. Continuation is proposed of the cooperative effort by the State Health Department and the American Cancer Society to conduct educational functions for the lay public. Public health nurses will assist through showing the film on breast self-examination in eight counties to which public health nurses are assigned. In addition, distribution will be made of pamphlets and informative material. A film library is maintained of current cancer films which may be obtained for lay and professional showings. A cancer library has been established

at the Laramie County hospital, use of which is available to physicians. This function will be considerably restricted because of lack of staff.

Through the traveling tumor clinics, diagnostic consultation to private physicians and dentists will continue to be available. Although these clinics are considered extremely important, no new ones will be established. Rather, discontinuation of one of the three will be necessary because of the shortage of funds. The cancer coordinator and professor of surgery at the University of Colorado Medical School serves as a

consultant at clinics, which are not held more frequently than twice yearly. Attempt is made to follow cases from year to year in order that progress may be determined. The Cancer Society has assumed responsibility for operation of the cancer detection center in Cheyenne. It is operated on a weekly basis. Free biopsy services will continue to be available to patients unable to pay. Biopsies are performed on a contract basis by a private laboratory. Nursing service is available upon request by private physicians. Cancer is a reportable disease, and good cooperation is received from physicians. However, continued emphasis will be placed on more complete reporting.

HEW Region IX

ALASKA

General education of the public will continue to be stressed. Cooperation with other interested agencies within the Territory will receive emphasis. Provision of opportunity for physicians within the Territory to receive special instruction in cancer diagnosis and methods of control by attending short courses of intensive instruction in stateside medical centers will be continued. The Alaska Cancer Society cooperates in financial contributions to help defray the cost of such professional instruction. It is hoped that a pathologist can be recruited and made available at the new hospital at Anchorage, where facilities for pathological examinations will be available. Bedside nursing care will continue to be provided as a part of the generalized nursing program.

ARIZONA

Educational activities will include the provision of speakers for professional and community groups and the preparation and distribution of articles, pamphlets, and audio-visual materials. The Cancer Bulletin will be sent to physicians upon request. The Department will continue to assist in the operation of the Memorial Hospital cancer diagnostic clinic at Phoenix. The Department provides two staff members and pays for the cost of services provided to the medically indigent. Local health department nurses provide followup services for clinic cases. A special statistical study of the incidence of cancer in Indians will be made by abstracting the diagnostic files of three Indian hospitals.

CALIFORNIA

Slight reduction in activity is expected for the overall program. Specific functions for which a decrease in operations is proposed include maintenance of central statistical services for morbidity and mortality data and of a tumor register (items on which major emphasis is placed) and financial support of cytologic detection services available at three hospitals. Public health nursing followup activities are expected to increase. The educational programs will be continued at the same tempo. Such programs are conducted for the lay public--adults and school children--and for professional groups--physicians, dentists, and nurses; the Division of Dental Health and the Bureau of Nursing, respectively, cooperate in activities for the two latter groups. Nonaccredited training for four laboratory workers is planned; the training period is to

extend from four to six months. The conduct of epidemiologic investigations, also a major item of the program, will be continued. Other activities for which continuation is proposed are provision of consultative services to local health departments, support of bedside nursing care, and medical consultation.

HAWAII

Educational activities will be conducted in cooperation with the Hawaii Cancer Society; the Cancer Society will emphasize lay education and the Board of Health will stress professional education. A cytologic laboratory service to physicians is made available throughout the Territory by the Cancer Society and the Medical Association. A limited biopsy service to indigents is to be continued. Radium will continue to be supplied to all physicians for use in the treatment of cancer. Assistance will be given the Bureau of Industrial Hygiene in a program for the instruction of management and workers at places of employment where there exists exposures which may cause cancer or predispose a person to cancer. The addition of a nursing consultant to the cancer control program will facilitate followup of cases listed in the registry and suspected cancer cases discovered in the tuberculosis X-ray surveys. The tumor registry will be extended further so that good statistical information on the morbidity of cancer can be obtained. Statistical studies of cancer of the stomach, breast, liver, and cervix are to be continued in an effort to find better means of attacking cancer of these sites. Expansion of mortality studies is planned.

NEVADA

For the program as a whole, activities will be carried on at about the same level of operation as in the previous year. Continuation is planned of educational activities for the lay public--adults and school children--and for professional groups--physicians and dentists. Slight increase in activity is proposed for these educational programs. Among other functions to be continued are provision of followup nursing services; operation of a cancer detection center; participation in operation of a diagnostic clinic; and compilation of mortality statistics. The latter is to be performed with the assistance of the Division of Vital Statistics and Personnel. Continued participation with the State Medical Society and State Division of the Cancer Society in the establishment of a cancer control council is proposed.

OREGON

The development and dissemination of educational material and conduct of an educational program directed toward the general public will be continued with assistance from the Health Education Section. Inservice training in cancer for the State nurse consultants and other public health nurses in the State will be established. The Nursing Section will provide consultation on home nursing care of cancer patients and educational information on cancer control and cancer services available. Emphasis is to be placed on stimulating early diagnosis of cancer. Miniature X-ray service to counties for earliest possible detection of cancer of the lung will be stressed. A plan is being worked out with the State Medical Society to make every physician's office a cancer detection center. A cancer detection program (modification of the Hillsdale Plan) is being considered for one county. Such a program would include oral cancer detection and would require the services of a health educator. In cooperation with the University of Oregon Medical School, promotion among physicians in the more rural areas is planned of proper techniques in Papanicolaou smears and the taking of biopsies as well as method of submitting both to clinical laboratories for interpretation. It is hoped, in the future, to make cancer a reportable disease and to establish a tumor register and a statistical research program.

WASHINGTON

Professional education by the Department will be limited to distribution of 1,100 copies of the Cancer Bulletin and to guest lecturers employed to alert the dental profession to oral cancer. A limited number of pamphlets are available for distribution to the general public. However, most of the professional and lay educational activities in the State will be carried out by the State cancer and medical societies. Consultation on tumor tissue will be furnished to pathologists only upon request in the future.

Assistance in the form of medical social service and clerical personnel is being given to the Tumor Institute, a combination diagnostic and treatment facility, located at the Swedish Hospital in Seattle. No direct assistance to the King County Hospital Tumor Clinic is contemplated since this clinic is supported entirely by public funds at present. The need for additional diagnostic facilities will be studied. Medical care and hospitalization for public assistance clients and the medically indigent is furnished by the Department through the State medical care program. A program of followup for the purpose of collection of data on diagnosed cases is being carried on through the tumor registry. This program will be continued for five years. Followup of patients for the purpose of providing advice and necessary care will be accomplished by staffs of local health departments. This program will be encouraged and stimulated by the State staff.

SELECTED ADMINISTRATIVE DATA FOR STATE CANCER CONTROL PROGRAMS
AS SUBMITTED BY STATE HEALTH DEPARTMENTS

<u>State</u>	<u>Responsible Administrative Unit</u>	<u>Personnel as of December 31, 1952</u>
Alabama	Division of Cancer Control, Bureau of Preventable Diseases	Total full-time staff - 7. Includes 1 physician, 1 nurse, 1 medical social worker, and 4 clerks.
Alaska	Unit of Preventable Disease Control, Section of Preventive Medical Services	Not identifiable for cancer control. Total full-time staff of Unit - 3. Includes 2 public health investigators and 1 clerk. In addition, a physician serves program part time.
Arizona	Bureau of Preventive Medical Services	Total full-time staff of cancer diagnostic clinic - 2. Includes 1 laboratory technician and 1 clerk.
Arkansas	State Cancer Commission	Total full-time staff - 16. Includes 1 analyst, 2 administrative management workers, and 13 clerks. In addition, a physician serves program part time. (Provision made for only 14 full-time employees for fiscal year 1954.)
California	Bureau of Chronic Diseases, Division of Preventive Medical Services	Total full-time staff assigned to cancer control - 12. Includes 1 physician, 1 statistician, and 10 clerks. In addition, another physician serves program part time.
Colorado	Section of Chronic Diseases and Tuberculosis Control, Preventive Medical Services Division	Not identifiable for cancer control. Total full-time staff of Section - 7. Includes 3 X-ray technicians and 4 clerks. In addition, a physician serves program part time.
Connecticut	Division of Cancer and Other Chronic Diseases, Bureau of Preventable Diseases, Medical Services Section	Total full-time staff assigned to cancer control - 22. Includes 1 physician, 2 nurses, 2 statisticians, and 17 clerks.
Delaware	Division of Cancer Control	Total full-time staff - 3 clerks. In addition, a physician serves program part time.
District of Columbia	Division of Preventable and Chronic Disease, Bureau of Disease Control	Total full-time staff assigned to cancer control - 10. Includes 2 physicians, 1 statistician, and 7 clerks.
Florida	Division of Cancer Control, Bureau of Preventable Diseases	Total full-time staff - 5 clerks.

Selected Administrative Data for State Cancer Control Programs - Continued

State	Responsible Administrative Unit	Personnel as of December 31, 1952
Georgia	Division of Epidemiology and Cancer Control, Preventable Disease Services	Total full-time staff assigned to cancer control - 5. Includes 1 nurse and 4 clerks. In addition, a physician serves program part time.
Hawaii	Bureau of Venereal Diseases and Cancer Control, Division of Preventive Medicine	Not identifiable for cancer control. Total full-time staff of Bureau - 13. Includes 1 physician, 4 nurses (1 practical), 1 analyst, 1 public health investigator, and 6 clerks. An additional physician serves Bureau part time.
Idaho	Division of Preventive Medicine	Not identifiable for cancer control. Total full-time staff of Division - 15. Includes 1 physician, 1 psychologist, 4 public health investigators, 2 X-ray technicians, and 7 clerks.
Illinois	Bureau of Cancer and Heart Disease Control, Division of Hospitals and Chronic Illness	Not identifiable for cancer control. Total full-time staff of Bureau - 9. Includes 1 physician, 7 clerks, and 1 maintenance worker. An additional physician serves Bureau part time.
Indiana	Division of Chronic Diseases and Gerontology, Bureau of Preventive Medicine	Not identifiable for cancer control. Total full-time staff of Division - 3. Includes 1 physician, 1 statistician, and 1 clerk. An additional physician serves Division part time.
Iowa	Division of Cancer Control	Total full-time staff - 2. Includes 1 physician and 1 clerk. (For fiscal year 1954, the physician will serve program part time.)
Kansas	Division of Geriatrics	Total full-time staff - 4. Includes 1 public health investigator and 3 clerks. In addition, a physician serves program part time.
Kentucky	Section of Cancer Control Division of Chronic Disease Control, Preventive Medical Services	Total full-time staff - 11. Includes 2 nurses, 1 X-ray technician, and 4 clerks. In addition, a physician serves program part time.
Louisiana	Section of Chronic Disease and Tuberculosis, Division of Preventive Medicine	Total full-time staff assigned to cancer control - 2 clerks.
Maine	Division of Diagnostic Laboratory and Central Administration	Not identifiable for cancer control.

Selected Administrative Data for State Cancer Control Programs - Continued

<u>State</u>	<u>Responsible Administrative Unit</u>	<u>Personnel as of December 31, 1952</u>
Maryland	Bureau of Medical Services and Hospitals	Total full-time staff assigned to cancer control - 1 clerk.
Massachusetts	Division of Cancer and Other Chronic Diseases, Bureau of Institutions	Total full-time staff assigned to cancer control - 26. Includes 2 physicians, 8 public health investigators, and 16 clerks.
Michigan	Section of Cancer and Adult Health, Division of Local Health Administration	Not identifiable for cancer control. Total full-time staff of Section - 2. Includes 1 physician and 1 clerk.
Minnesota	Section of Chronic Disease and Geriatrics, Division of Disease Prevention and Control	Not identifiable for cancer control. Total full-time staff of Section - 5. Includes 2 health educators and 3 clerks. In addition a nurse in the Division of Local Health Services provides consultation on cancer and chronic diseases.
Mississippi	Cancer Control Unit, Division of Preventable Disease Control	Total full-time staff - 5. Includes 1 health educator, 1 administrative management worker, and 3 clerks.
Missouri	Bureau of Cancer and Heart Control	Total full-time staff of Bureau - 1 physician.
Montana	Division of Disease Control	Not identifiable for cancer control. Full-time staff of Division, excluding X-ray staff - 5. Includes 1 laboratory worker, and 4 clerks. In addition, 2 physicians serve program part time.
Nebraska	Division of Cancer Control, Preventive Medical Services	No full-time staff. One physician and 1 clerk serve program part time.
Nevada	Section of Cancer Control, Division of Preventive Medical Services	No full-time staff. One physician devotes a very small portion of his time to program.
New Hampshire	State Cancer Commission	Not reported. ^{1/}
New Jersey	Bureau of Cancer Control, Division of Chronic Illness Control	Total full-time staff - 4. Includes 1 physician, 1 nurse, 1 engineer, and 1 clerk.
New Mexico	Section of Chronic Disease, Preventive Health Services	Not identifiable for cancer control.
New York	Bureau of Cancer Control, Division of Medical Services	Total full-time staff - 22. Includes 2 physicians, 2 nurses, 3 statisticians, and 15 clerks.

^{1/} The Cancer Commission does not participate in cooperative cancer control projects; therefore the State agency does not submit a program plan.

Selected Administrative Data for State Cancer Control Programs - Continued

State	Responsible Administrative Unit	Personnel as of December 31, 1952
North Carolina	Cancer Section, Division of Personal Health	Total full-time staff - 5. Includes 1 X-ray technician and 4 clerks.
North Dakota	Division of Preventable Diseases, Preventive Medical Services	Not identifiable for cancer control. Total full-time staff of Division - 9. Includes 2 public health investigators, 3 X-ray technicians, 1 administrative management worker, and 3 clerks.
Ohio	Cancer Section, Division of Chronic Diseases	No full-time staff. One physician and 1 clerk serve program part time.
Oklahoma	Cancer Unit, Division of Chronic Disease Control	Not completely identifiable for cancer control. Total full-time staff of the cancer clinic program - 3. Includes 1 nurse and 2 laboratory workers. In addition 2 physicians serve clinic program part time.
Oregon	Section of Chronic Disease, Division of Preventive Medical Services	Not identifiable for cancer control. Total full-time staff of Section - 1 clerk. In addition a physician serves Section part time.
Pennsylvania	Division of Cancer Control, Bureau of Chronic Diseases, Preventive Services	Total full-time staff - 11. Includes 1 physician, 1 health educator, 1 statistician, 1 administrative management worker, and 7 clerks.
Puerto Rico	Bureau of Cancer Control	Total full-time staff - 9. Includes 1 statistician, 2 medical record librarians, and 6 clerks. A physician also serves program part time.
Rhode Island	Division of Cancer Control	Total full-time staff - 6. Includes 3 nurses, 2 clerks, and 1 maintenance worker. In addition, a physician, a laboratory worker, and a clerk serve program part time.
South Carolina	Cancer Control Section, Division of Disease Control	Total full-time staff - 11. Includes 1 medical social worker, 1 public relations representative, and 9 clerks. In addition, a physician serves program part time.
South Dakota	Cancer Control Section, Division of Preventable Disease Control and Local Health Services	No full-time staff.
Tennessee	Cancer Control Service, Division of Preventable Diseases	Total full-time staff - 10. Includes 3 nurses, 1 laboratory technician, 1 medical social worker, 1 statistical analyst, 2 X-ray technicians, and 2 clerks.

Selected Administrative Data for State Cancer Control Programs - Continued

<u>State</u>	<u>Responsible Administrative Unit</u>	<u>Personnel as of December 31, 1952</u>
Texas	Division of Cancer Control	Total full-time staff - 12. Includes 1 physician and 11 clerks.
Utah	Division of Chronic Disease Control, Disease Preventive Services	Not identifiable for cancer control. Total full-time staff of Division - 1 clerk.
Vermont	Division of Cancer Control, Bureau of Health Protection	Total full-time staff - 3. Includes 1 medical social worker and 2 clerks.
Virginia	Bureau of Cancer Control, Division of Specialized Medical Services	Total full-time staff - 4. Includes 1 physician and 3 clerks.
Virgin Islands	Division of Cancer Control	No full-time staff. A physician serves program part time.
Washington	Section of Venereal Disease and Chronic Disease Control, Division of Preventive Medical Services (A Heart, Cancer, and Diabetes Control Section is to be established within a proposed Division of Chronic Disease Control.)	Not identifiable for cancer control. Total full-time staff of Section - 7. Includes 1 physician, 1 medical social worker, 1 public health investigator, and 4 clerks. An additional physician serves Section part time.
West Virginia	Division of Disease Control, Section of Preventive Medical Services	Total full-time staff - 2. Includes 1 health educator and 1 clerk.
Wisconsin	Division of Cancer Control, Section of Preventable Diseases	Total full-time staff - 2 clerks. In addition, a physician serves program part time. A nurse and 3 laboratory workers serve program from their respective divisions.
Wyoming	Division of Local Health Services and Disease Control	No full-time staff for cancer control. Total full-time staff of Division - 5. Includes 1 physician, 2 X-ray technicians, and 2 clerks. (Since December 1952, the physician resigned.)

